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|---------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>OXFR-127071637</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Oxford Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48200</i> |
| <i>Company Tracking Number:</i> | <i>RIDERS ADB-NHR & ADB-CIR</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>Accelerated Benefit Riders</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Filing at a Glance

Company: Oxford Life Insurance Company

Product Name: Accelerated Benefit Riders

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: OXFR-127071637 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: RIDERS ADB-NHR & ADB-CIR
State Status: Approved-Closed

Author: Liza Perry

Date Submitted: 03/09/2011

Reviewer(s): Linda Bird

Disposition Date: 03/17/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/17/2011

State Status Changed: 03/17/2011

Created By: Liza Perry

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Liza Perry

Filing Description:

The attached rider forms, Form Nos. ADB-NHR and ADB-CIR, are being submitted to you for your review and approval.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The attached documents are the final and printed version.

These rider forms will be offered with the following previously approved policy forms:

LP100AR, a Limited Premium Whole Life policy, was approved by your Department on October 5, 2010, and will be marketed through independent agents. The target market is issue ages 60-80.

SERFF Tracking Number: OXFR-127071637 State: Arkansas
 Filing Company: Oxford Life Insurance Company State Tracking Number: 48200
 Company Tracking Number: RIDERS ADB-NHR & ADB-CIR
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Accelerated Benefit Riders
 Project Name/Number: /

SPWL500AR, a Single Premium Whole Life policy, was approved by your Department on October 6, 2010, and will be marketed through independent agents. The target market is issue ages 50-85.

I certify that I have performed the Flesch readability test on these forms, and that the above forms achieved a minimum Flesch Reading Ease Score of 56.

Please let me know if you have any questions. I can be reached at (602) 263-6666, Extension 670131, or via email at lizaperry@oxfordlife.com. Thank you.

Company and Contact

Filing Contact Information

Liza Perry, Regulatory Compliance Analyst LizaPerry@Oxfordlife.com
 2721 N. Central Ave. 602-263-6666 [Phone] 670131
 [Ext]

Phoenix, AZ 85004

Filing Company Information

| | | |
|-------------------------------|-------------------------|----------------------------|
| Oxford Life Insurance Company | CoCode: 76112 | State of Domicile: Arizona |
| 2721 N. Central Avenue | Group Code: | Company Type: |
| Phoenix, AZ 85004-1172 | Group Name: | State ID Number: |
| (888) 757-3732 ext. [Phone] | FEIN Number: 86-0216483 | |

Filing Fees

| | |
|------------------|-----------|
| Fee Required? | Yes |
| Fee Amount: | \$100.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50/form |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------|----------|----------------|---------------|
| Oxford Life Insurance Company | \$100.00 | 03/09/2011 | 45416228 |

| | | | |
|--------------------------|-------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | OXFR-127071637 | State: | Arkansas |
| Filing Company: | Oxford Life Insurance Company | State Tracking Number: | 48200 |
| Company Tracking Number: | RIDERS ADB-NHR & ADB-CIR | | |
| TOI: | L08 Life - Other | Sub-TOI: | L08.000 Life - Other |
| Product Name: | Accelerated Benefit Riders | | |
| Project Name/Number: | / | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 03/17/2011 | 03/17/2011 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 03/14/2011 | 03/14/2011 | Liza Perry | 03/16/2011 | 03/16/2011 |

| | | | |
|---------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>OXFR-127071637</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Oxford Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48200</i> |
| <i>Company Tracking Number:</i> | <i>RIDERS ADB-NHR & ADB-CIR</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>Accelerated Benefit Riders</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Disposition

Disposition Date: 03/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>OXFR-127071637</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Oxford Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48200</i> |
| <i>Company Tracking Number:</i> | <i>RIDERS ADB-NHR & ADB-CIR</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>Accelerated Benefit Riders</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|---|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Actuarial Memoranda | | Yes |
| Supporting Document | Accelerated Benefits Disclosure Statement | | Yes |
| Form | Accelerated Benefit Rider (Nursing Home) | | Yes |
| Form | Accelerated Benefit Rider (Chronic Illness) | | Yes |

SERFF Tracking Number: OXFR-127071637 State: Arkansas
Filing Company: Oxford Life Insurance Company State Tracking Number: 48200
Company Tracking Number: RIDERS ADB-NHR & ADB-CIR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Benefit Riders
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/14/2011
Submitted Date 03/14/2011
Respond By Date 04/14/2011

Dear Liza Perry,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement and an actuarial demonstration as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: OXFR-127071637 State: Arkansas
Filing Company: Oxford Life Insurance Company State Tracking Number: 48200
Company Tracking Number: RIDERS ADB-NHR & ADB-CIR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Benefit Riders
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/16/2011
Submitted Date 03/16/2011

Dear Linda Bird,

Comments:

In accordance with your correspondence dated March 14, 2011, attached are the additional items that you requested:

Response 1

Comments: 1. ADBD-NHR-CIR, Accelerated Benefits Disclosure Statement.

2. Actuarial Memorandum for ADB-NHR.

3. Actuarial Memorandum for ADB-CIR.

Related Objection 1

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement and an actuarial demonstration as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memoranda

Comment:

Satisfied -Name: Accelerated Benefits Disclosure Statement

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your assistance with this filing. Please let me know if you have any questions. I can be reached at (602) 263-6666, Extension 670131, or via email at lizaperry@oxfordlife.com.

Sincerely,

| | | | |
|---------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>OXFR-127071637</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Oxford Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48200</i> |
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| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>Accelerated Benefit Riders</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Liza Perry

| | | | |
|--------------------------|-------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | OXFR-127071637 | State: | Arkansas |
| Filing Company: | Oxford Life Insurance Company | State Tracking Number: | 48200 |
| Company Tracking Number: | RIDERS ADB-NHR & ADB-CIR | | |
| TOI: | L08 Life - Other | Sub-TOI: | L08.000 Life - Other |
| Product Name: | Accelerated Benefit Riders | | |
| Project Name/Number: | / | | |

Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|---|---------|----------------------|-------------|-----------------------|
| | ADB-NHR | Policy/Cont Accelerated Benefit ract/Fratern Rider (Nursing al Home) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 56.000 | ADB-NHR 022211.pdf |
| | ADB-CIR | Policy/Cont Accelerated Benefit ract/Fratern Rider (Chronic al Illness) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 56.000 | ADB-CIR 022211.pdf |

ACCELERATED BENEFIT RIDER (Nursing Home)

This rider is made a part of the Policy to which it is attached. All definitions, provisions, conditions and limitations on the Policy apply to this rider, unless changed by this rider. The Policy and this rider are issued as of the Policy Date shown on the Policy Data Page.

NOTICE:

Death Benefits and Net Cash Values will be reduced upon payment of an Accelerated Benefit. The Accelerated Benefits offered under this policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, Accelerated Benefit payments may be taxable by Your state. Tax laws relating to Accelerated Benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an Accelerated Benefit payment may adversely affect Your, Your spouse's or Your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

DEFINITIONS

Accelerated Death Benefit – A benefit that may be requested by the Owner to accelerate a portion of the benefits payable under this Policy under certain circumstances. An Accelerated Death Benefit includes any and all Accelerated Death Benefits that may be a part of this Policy.

Adjusted Cash Value – The Cash Value, adjusted for any Accelerated Death Benefits paid.

Licensed Practical Nurse or LPN - A licensed practical nurse, performing within the scope of his/her current license. This person cannot be You, the Insured, a Beneficiary, or a family member of any of these individuals.

Nursing Home – A facility that is a Medicare certified Skilled Nursing Facility whose primary function is to provide continuous, 24-hours-per-day nursing care, and room and board. The facility must charge for these services. The care must be performed under the direction of a Physician, an RN or an LPN. It may not be, other than incidentally, a home for the aged, a

hospital, a retirement home, a rest home, a community living center, or a place mainly for the treatment of drug abuse, alcoholism or mental illness.

Physician – A licensed medical doctor performing within the scope of his/her current license. This person cannot be You, the Insured, a Beneficiary, or a family member of any of these individuals.

Registered Nurse or RN – A licensed professional nurse, performing within the scope of his/her current license. This person cannot be You, the Insured, a Beneficiary, or a family member of any of these individuals.

Reinstatement – This rider may be reinstated according to the Reinstatement provisions of the attached Policy. Reinstatement is subject to You providing Us with evidence of insurability that is satisfactory to Us.

ACCELERATED BENEFIT PROVISIONS

Maximum Accelerated Death Benefit – The sum of all Accelerated Death Benefit payments under this Policy may not exceed the lesser of \$100,000 or 75% of the Face Amount, whichever is less, subject to the further requirement that the remaining Death Benefit be no less than \$10,000.

Payment of Accelerated Death Benefit – Accelerated Death Benefit payments are to be paid as a lump sum. No settlement options will be available. An Accelerated Death Benefit is payable no more than every 30 days. Any requests to accelerate Your Death Benefit must be submitted to the Company, in writing, on a form provided by the Company. We will provide the appropriate form(s) within 15 days of Your request to accelerate benefits. You may submit a Written Request to Us subsequent to Your initial request to accelerate a portion of Your Death Benefit.

Accelerated Death Benefit payments will be paid to the Owner or Owner's estate, unless the benefit has been otherwise assigned or designated by the Owner.

Nursing Home Benefit - If the Insured is confined to a Nursing Home and is expected to remain confined there for the rest of his or her life, You may make a Written Request to accelerate a portion of the Death Benefit. The maximum Nursing Home Benefit will be 1% of the Face Amount if the confinement commenced before the fifth anniversary, otherwise 3% of the Face Amount, each subject to a maximum of \$4,000.

Accelerated Benefit payments are subject to the following conditions:

1. Your Policy is not in Reduced Paid-Up status,
2. We reserve the right to require written consent from any irrevocable Beneficiary and any assignee prior to the payment of any Accelerated Death Benefit,
3. We reserve the right to an independent medical examination, at Our expense, by a Physician of Our choice. In the case of conflicting opinions between the Insured's Physician and Our Physician, eligibility for benefits will be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and Us, and
4. You must provide a properly completed Written Request to Us at Our Home Office prior to Accelerated Death Benefit payments. This Form shall include a Physician's Statement, which affirms that the Insured is confined in a Nursing Home.

Accelerated Benefit payments are subject to the following adjustments:

1. The Death Benefit will be reduced by the amount of the Accelerated Death Benefit, then
2. The Adjusted Cash Value will be reduced in proportion to the reduction in the Death Benefit, then
3. Any Indebtedness will be reduced in proportion to the reduction in the Death Benefit, then
4. The Accelerated Death Benefit payment will be reduced by an amount equal to the reduction in the Indebtedness, adjusted for any pre-paid loan interest.
5. The remaining Accelerated Benefit will be paid to You. A statement of these adjusted values will be sent to You before the payment of any Accelerated Death Benefit.

If the Insured dies after You elect to receive an Accelerated Death Benefit, but before such benefit is received, the Death Benefit will be paid pursuant to the Death Benefit provisions of the Policy to which this rider is attached.

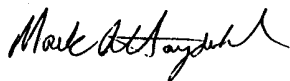
TERMINATION OF RIDER

This rider will terminate on the earliest of:

1. Receipt of Your written request, or
2. Termination or maturity of the attached Policy.

Termination will not prejudice the payment of benefits for any qualifying event that occurred while this rider is in force.

Signed for Oxford Life Insurance Company at Phoenix, Arizona.



President



Secretary

ACCELERATED BENEFIT RIDER (Chronic Illness)

This rider is made a part of the Policy to which it is attached. All definitions, provisions, conditions and limitations on the Policy apply to this rider, unless changed by this rider. The Policy and this rider are issued as of the Policy Date shown on the Policy Data Page.

NOTICE:

Death Benefits and Net Cash Values will be reduced upon payment of an Accelerated Benefit. The Accelerated Benefits offered under this policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, Accelerated Benefit payments may be taxable by Your state. Tax laws relating to Accelerated Benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an Accelerated Benefit payment may adversely affect Your, Your spouse's or Your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

DEFINITIONS

Accelerated Death Benefit – A benefit that may be requested by the Owner to accelerate a portion of the benefits payable under this Policy under certain circumstances. An Accelerated Death Benefit includes any and all Accelerated Death Benefits that may be a part of this Policy.

Adjusted Cash Value – The Cash Value, adjusted for any Accelerated Death Benefits paid.

Chronic Illness – A disease or illness, certified by a Physician, such that the Insured:

- a) Is permanently unable to perform at least two Activities of Daily Living due to a loss of functional capacity. The Activities of Daily Living include eating, toileting, bathing, dressing, continence, and moving without any type of physical assistance; or
- b) Requires substantial supervision to protect the person from threats to health and safety because of severe cognitive impairment. Severity of cognitive impairment is measured by impairment in short or long term memory, orientation to people, places, or time, and deductive or abstract reasoning.

Physician – A licensed medical doctor performing within the scope of his/her current license. This person cannot be You, the Insured, a Beneficiary, or a family member of any of these individuals.

Reinstatement – This rider may be reinstated according to the Reinstatement provisions of the attached Policy. Reinstatement is subject to You providing Us with evidence of insurability that is satisfactory to Us.

ACCELERATED BENEFIT PROVISIONS

Maximum Accelerated Death Benefit – The sum of all Accelerated Death Benefit payments under this Policy may not exceed the lesser of \$100,000 or 75% of the Face Amount, whichever is less, subject to the further requirement that the remaining Death Benefit be no less than \$10,000.

Payment of Accelerated Death Benefit – Accelerated Death Benefit payments are to be paid as a lump sum. No settlement options will be available. An Accelerated Death Benefit is payable no more than every 30 days. Any requests to accelerate Your Death Benefit must be submitted to the Company, in writing, on a form provided by the Company. We will provide the appropriate form(s) within 15 days of Your request to accelerate benefits. You may submit a Written Request to Us subsequent to Your initial request to accelerate a portion of Your Death Benefit.

Accelerated Death Benefit payments will be paid to the Owner or Owner's estate, unless the benefit has been otherwise assigned or designated by the Owner.

Chronic Illness Benefit - If the Insured is diagnosed by a Physician with a Chronic Illness, and is expected to remain Chronically Ill for the rest of his or her life, You may make a Written Request to accelerate a portion of the Death Benefit. The maximum Chronic Illness Benefit will be the lesser of \$2,000 or 1% of the Face Amount.

Accelerated Benefit payments are subject to the following conditions:

1. Your Policy is not in Reduced Paid-Up status,
2. We reserve the right to require written consent from any irrevocable Beneficiary and any assignee prior to the payment of any Accelerated Death Benefit,
3. We reserve the right to an independent medical examination, at Our expense, by a Physician of Our choice, In the case of conflicting opinions between the Insured's Physician and Our Physician, eligibility for benefits will be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and Us, and
4. You must provide a properly completed Written Request to Us at Our Home Office prior to Accelerated Death Benefit payments. This Form shall include a Physician's Statement, which affirms that the Insured has a Chronic Illness.

Accelerated Benefit payments are subject to the following adjustments:

1. The Death Benefit will be reduced by the amount of the Accelerated Benefit, then
2. The Adjusted Cash Value will be reduced in proportion to the reduction in the Death Benefit, then
3. Any Indebtedness will be reduced in proportion to the reduction in the Death Benefit, then
4. The Accelerated Death Benefit payment will be reduced by an amount equal to the reduction in the Indebtedness, adjusted for any pre-paid loan interest.

5. The remaining Accelerated Death Benefit will be paid to You. A statement of these adjusted values will be sent to You before the payment of any Accelerated Death Benefit.

If the Insured dies after You elect to receive an Accelerated Death Benefit, but before such benefit is received, the Death Benefit will be paid pursuant to the Death Benefit provisions of the Policy to which this rider is attached.

TERMINATION OF RIDER

This rider will terminate on the earliest of:

1. Receipt of Your written request, or
2. Termination or maturity of the attached Policy.

Termination will not prejudice the payment of benefits for any qualifying event that occurred while this rider is in force.

Signed for Oxford Life Insurance Company at Phoenix, Arizona.



President



Secretary

| | | | |
|--------------------------|-------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | OXFR-127071637 | State: | Arkansas |
| Filing Company: | Oxford Life Insurance Company | State Tracking Number: | 48200 |
| Company Tracking Number: | RIDERS ADB-NHR & ADB-CIR | | |
| TOI: | L08 Life - Other | Sub-TOI: | L08.000 Life - Other |
| Product Name: | Accelerated Benefit Riders | | |
| Project Name/Number: | / | | |

Supporting Document Schedules

| | | |
|---|----------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: | Flesch Certification | |
| Comments: | | |
| Attachment: | | |
| ADB-NHR_ADB-CIR Readability Certification.pdf | | |

| | | |
|--|---------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: | Application | |
| Comments: | | |
| The attached riders will be used in conjunction with the following previously approved applications: | | |
| EWT-OLIC, Approved by the Arkansas Department of Insurance on October 8, 2010 | | |
| AWT-OLIC 9/2010, Approved by the Arkansas Department of Insurance on October 6, 2010 | | |
| AWT-FE400-OLIC, Approved by the Arkansas Department of Insurance on October 18, 2010 | | |
| EWT-FE400-OLIC, Approved by the Arkansas Department of Insurance on October 18, 2010 | | |

| | | |
|--|---|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: | Accelerated Benefits Disclosure Statement | |
| Comments: | | |
| Attachment: | | |
| ADB-D-NHR-CIR Accelerated Benefits Disclosure 031511.pdf | | |

READABILITY CERTIFICATION

This is to certify that the attached forms, ADB-NHR and ADB-CIR, achieved a minimum Flesch Reading Ease Score of 50 and is in compliance with applicable laws and regulations.

Oxford Life Insurance Company



Jan Riedell

Secretary

Title

December 15, 2010

Date

ACCELERATED BENEFITS DISCLOSURE STATEMENT

Notice:

Death Benefits and Cash Values will be reduced upon payment of an Accelerated Benefit. The Accelerated Benefits offered under this Policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long term care expenses, such as nursing home care. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, Accelerated Benefit payments may be taxable by Your state. Tax laws relating to Accelerated Benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an Accelerated Benefit payment may adversely affect Your, Your spouse's or Your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

The Owner may request the acceleration of a portion of the Death Benefit:

- If the Insured is diagnosed with a Terminal Illness. A Terminal Illness is defined as a disease or illness that is expected to result in the Insured's death within twelve months.
- If the Insured is confined to a Nursing Home and is expected to remain confined there for the rest of his or her life. A Nursing Home is a facility that is a Medicare certified Skilled Nursing Facility whose primary function is to provide continuous, 24-hours-per-day nursing care, and room and board. The facility must charge for these services.
- If the Insured is diagnosed by a Physician with a Chronic Illness, and is expected to remain Chronically Ill for the rest of his or her life. A Physician must certify that the Insured is permanently unable to perform at least two activities of daily living (eating, toileting, bathing, dressing, continence, and moving without any type of physical assistance), or requires substantial supervision to protect the person from threats to health and safety because of severe cognitive impairment.

The Death Benefit will be reduced by the amount of the Accelerated Benefit. Future Cash Values and Indebtedness, if any, will be reduced in proportion to the reduction in the Death Benefit. The Accelerated Benefit payment will be reduced by an amount equal to the reduction in the Indebtedness, adjusted for interest.

A demonstration of the effect of the payment of an Accelerated Benefit, if the Accelerated Benefit payment is paid three months prior to the next Policy anniversary, is shown below.

| Before Accelerated Benefit Payment | | Accelerated Benefit Payment | | After Accelerated Benefit Payment | |
|------------------------------------|--------------|-----------------------------|------------|-----------------------------------|-------------|
| Death Benefit: | \$100,000.00 | Accelerated Benefit | \$1,000.00 | Death Benefit: | \$99,000.00 |
| Cash Value: | \$44,142.24 | Adjustment Factor | 0.99 | Adjusted Cash Value: | \$43,700.81 |
| Outstanding Indebtedness: | \$21,598.27 | | | Outstanding Indebtedness: | \$21,382.29 |
| | | | | Payment to Owner: | \$788.13 |

A statement projecting these adjustments will be sent to the Owner before the Accelerated Benefit is paid.

I have carefully read this disclosure and understand that it is subject to the provisions and the conditions of the Policy.

Proposed Owner's Signature

Producer's Signature

Date